INSTRUCTIONS: This for appropriate. All further cor indicated unless corrected It maintenance fee notification	his form, together with the light of the lig	h applicable fee(s)	, to: <u>Mail</u> or <u>Fax</u>	Mail Stop ISSU Commissioner f P.O. Box 1450 Alexandria, Vir (571) 273-2885 CATION FEE (if request of maintenance feest correspondence address	or Pat ginia 2	ents 22313-1450	should be completed wh correspondence address arate "FEE ADDRESS"
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 09/12/2005 Vincent L. Ramik DILLER, RAMIK & WIGHT Suite 101 7345 McWhorter Place Annandale, VA 22003				have its own certifica	te of ma	r, such as an assignment of the contract of th	or domestic mailings of for any other accompany ent or formal drawing, m smission g deposited with the Un rest class mail in an envel above, or being facsim date indicated below.
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APPLICATION NO.	LICATION NO. FILING DATE FIR		RST NAMED INVENTOR			RNEY DOCKET NO.	CONFIRMATION NO.
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TITLE OF INVENTION: A	DJUSTABLE BASE FOR S	OPPORTING ADJUST	ABLE BED2 (JF DIFFERENT WIDT	H9;	12/13/2005 HVU(01 FC:1504 02 FC:1501	ONG2 00000116 10621337 300.00 1400.00
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"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE L&P Property	lence address (or Change of 022) attached. ion (or "Fee Address" Indica or more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of the complete of the complet	Correspondence or (2) tion form (2) reject of a Customer lis E PRINTED ON THE Plow, no assignee data word this form is NOT a su (B) RES pany Ca	o the names of agents OR, alter of the name of a gistered attorne egistered patented, no name we have a constitute for filing SIDENCE: (CITAL I I FORNIA	single firm (having as y or agent) and the nart attorneys or agents. I ill be printed. or type) the patent. If an assign an assignment. TY and STATE OR CO	a membres of under the state of	per a 2pp to ne is 3dentified below, the c	
Please check the appropriate					Corporat	ion or other private gr	oup entity Governm
	enclosed: mall entity discount permitte Copies	△ A	4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Status a. Applicant claims St	(from status indicated above)		o longer claiming SMA			
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	/	_		-		•	
Authorized Signature	MONT	MUN		Date	Dece	ember 9, 200	5
Typed or printed name Vincent L. Ramik				Registratio	n No	20,663	
This collection of informatic an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313- Under the Paperwork Reduc	1430.			n or retain a benefit by is estimated to take 12 individual case. Any o Officer, U.S. Patent and IS TO THIS ADDRES	the pub minute commen d Trader SS. SEN	lic which is to file (an s to complete, including ts on the amount of tinark Office, U.S. Dep D TO: Commissioner	